



Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

- Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
- 2.
- Type or print legibly and complete all blanks. Enter N/A if not applicable. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

		(First)	( Middle)	NATIONAL CHARLEST STREET, STRE	2. Social Security Number		
OFFICER INFORMATION 1. Name (Last)	SR	Kevin	Timodol				
3. Previous Name(s) or Alias (Last)		(First)			(Microic)		
4. Birth date (mm/dd/yyyy) 5. Email Addr	ess	A CONTRACTOR OF THE PARTY OF TH			6. Phone Number		
MARCH-2-1968							
7. HC			\	17	in Code: (County Natile)		
L.		LAFRON	iny Number)	I Daies U	n commy)		
8. Basic Training Academy (Academy Name) (Only complete if this is the	in Hi	5 Police		3,000			
(Only complete if this is the officer's first appointment or OSP)	ONI) IT	P LOTLE 1	XIW.				
9. Agency Name							
AGENCY INFORMATION Amsterdam V	'illage Police						
10. Agency Email Address		11. Agency Phone Nu 740-543-3797	mper				
AmsterdamPD24@Yahoo.Com 12. Agency Mailing Address (#/Street/PO Box)	(City)	{Zi	p Code)	(County Name)			
103 Springfield St. PO Box 115		Amsterdam	C	h	43903		
APPOINTMENT INFORMATION (Complete	o Date, Status <u>and</u> Of	RO 13. New Appointmen	Date	14.	Status Change Date / /		
	Part-Time	Auxiliary	Reserve	_ <b>√</b> _S	pecial Seasonal		
16, Select New ORC							
City Full-Time/Part-Time (737.02)	City Au	ixiliary/Reserve/Special	(737.051)	_ City Chi	ef (737.02)		
✓ Village Full-Time/Part-Time/Special (737.16	340 - 400 000 000 000 000 000 000 000 000	Auxiliary/Reserve (737.1		Village (	Chief (737.15)		
Township Police Officer (505.49)  Township Police Officer (505.49)  Township Constable (509.01)					Other Chief - List ORC/Charter		
	y Sheriff (311.04)		Sheriff (	311.01)			
Other - List ORC/Charter	Deput	y Shemi (311.04)					
	Marine San		Designation Constitution to Section 1	- 150ga wa 4000 B - 12			
I have carefully read this document and fully understand its contents and I sign it of own free will and volition. I attest that the information provided on this document is							
ATTESTATION OF REPORTING AUTHO	JKIIY   ,	and correct and is based on my personal knowledge			t tudrita" i trittuet mudetatano ann		
		acknowledge that submis	sion of falsified re	cords is a c	ximinal violation,		
17. Signature of Reporting Authority , 18. Printed Nan		e and Title			19. Date		
Degle to	David F. Cimp	Cimperman Jr. Chief of Police			10151/6		
20. Symalure of Wilhess	21. Printed Name (F	d Name (First, Middlé, Cast)			22 Date 10,5,16		
(6/ V X 4)	Jack J. Justus	ustus			10,0,10		
	And the second second second second		•				
	may be emailed i	o: SF400@ohioattorne	ygeneral.gov				
Poge 1 of 2 Elfeative 07/01/2015							

Oliver, Sr. KONN	First)		(Middle)	Social Security Number
23. OATH OF OFFICE	a kangangan an sangangan karangan kangan kangan Kangan kangan persembah kangan ka			
I do solemnly swear or affirm that I will sup Laws of the State of Ohio, and Laws and ( a Signature of Appointed	port the Constitut Ordinances of the bility will discharg	political subd ge the duties o C N	ivision to which I am app	or Printed Legibly)
OHIC Please list all prior appointments.	) PEACE OFFICI Use additional cop	ER APPOINT pies of page 2, a	MENT HISTORY as needed, to list the entire	appointment history.
24. Appointed By (Agency Name and County):	Sheriff		25. From(mm/dd/yyyy): 1 1 200	To(mm/dd/yyyy):
26. Appointment Status (Check Appropriate Box)  X Full-Time Part-Time	57 M St. 1853			Seasonal
27. Appointed By (Agency Name and County):			28. From(mm/dd/yyyy):	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary	Reserve	Special	Seasonal
30. Appointed By (Agency Name and County):			31. From(mm/dd/yyyy):	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary	Reserve	Special	Seasonal
33. Appointed By (Agency Name and County):	and the second s	and the second of the second s	34. From(mm/dd/yyyy):	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box)Full-TimePart-Time	Auxiliary	Reserve	Special	Seasonal
36. Appointed By (Agency Name and County):			37. From(mm/dd/yyyy):	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box)Full-TimePart-Time	Auxiliary	Reserve	Special	Seasonal
39. Appointed By (Agency Name and County):			40. From(mm/dd/yyyy):	To(mm/dd/yyyy):
41. Appointment Status (Check Appropriate Box)  Full-Time Part-Time	Auxiliary	Reser	veSpecial	Seasonal
SF400adm This form r Page 2 of 2 Effective 07/01/2015	nay be emailed to:	SF400@ohioatt	orneygeneral.gov	

https://mail.google.com/mail/u/0/?zx=66hyxls73ew/#inbox/15694cf35a06b281?projector=1